



State Of California
California Commission On Teacher Credentialing
Box 944270
1900 Capitol Avenue
Sacramento, CA 94244-2700

Telephone:
(916) 445-7254 or (888) 921-2682
E-mail: credentials@ctc.ca.gov
Web site: www.ctc.ca.gov

VERIFICATION OF EMPLOYMENT AS AN ADMINISTRATOR

Personal Information

Applicant's Full Legal Name: _____
First Middle Last

Social Security Number: _____

Employing Agency

Title of Administrative Position: _____

Date Initial Employment in an Administrative Position is to begin (mm/dd/yy): _____

Name of Employing Agency: _____

Mailing Address: _____
Street

City State ZIP

County of Employment: _____ Telephone: (_____) _____

Name of Immediate Supervisor: _____

Position: _____

Approved by:

Name of Employer or Designee (print or type) Title of Employer or Designee

Signature of Employer or Designee (print or type) Date

Tentative Plan for Developing the Individualized Induction Plan

Mentor Tentatively Assigned to Credential Holder: _____

Position of Mentor: _____

Employing Agency: _____

Agency Tentatively Selected for Development of Individualized Induction Plan and Completion of Professional-level Program:

I am aware that I must develop an Individualized Induction Plan during my first year of employment as an administrator.

Signature of Applicant Date